

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 452

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u> <u>01/1</u> d. STREET ADDRESS (If rural, give location) <u>210 N 1st West</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) <u>Hoffmeister</u> c. (Last) <u>Mabrey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11 51</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 1, 1898</u>		9. AGE (In years last birthday) <u>52</u> If under 1 year: Months _____ Days _____ Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Chas. W. Hoffmeister</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Rose</u>	
14. NAME OF HUSBAND OR WIFE <u>John R. Mabrey</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John R. Mabrey</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy (Sub. claudication)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severe S + D Hypertension</u> DUE TO (c) <u>Encephalopathy (Hypertensive)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>330 X</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>12-23</u> , 19 <u>50</u> , to <u>1-11-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-10</u> , 19 <u>51</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>William E. Cox M.D.</u>	
23b. ADDRESS <u>714 Bd. Way. Mo. 1-13-51</u>		23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-13-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McCombs Funeral Home, Jackson, Mo.</u>		25. ADDRESS <u>McCombs Funeral Home, Jackson, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-15-1951</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		44		44	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 22 1951

DISTRICT HEALTH OFFICE No. G

File No.

MAR 17 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Thos. H. Allen

Signed _____

Student Embalmer

Licensed Embalmer No. *40555*

P. O. Address _____

Jackson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.